1345232

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 34970
Name: JBM Oil, LLC
Address 1: 2 SW HILLSIDE RD
Address 2:
City: OTTAWA State: KS Zip: 66067 + __ __ __ __
Contact Person: Lesli Baker
Phone: (785) 241-1705
Lease Name: COONS
Well Number: W-29

API No.: 15-059-26120-00-00
Permit No: E28621.21
Reporting Year: 2016
(January 1 to December 31)

____ - NW - SE - NW Sec. 32 Twp. 15 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3795 feet from ☐ N / ☑ S Line of Section
3340 feet from ☑ E / ☐ W Line of Section
County: Franklin

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 40 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	620	500	0		31
February	580	500	0		29
March	620	500	0		31
April	600	500	0		30
May	620	500	0		31
June	600	500	0		30
July	620	500	0		31
August	620	500	0		31
September	600	500	0		30
October	620	500	0		31
November	600	500	0		30
December	620	500	0		31
TOTAL	7320		0		

Submitted Electronically